



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF INTELLECTUAL DISABILITIES SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243**

TITLE: Amending the Initial Plan of Care before Development of the ISP

POLICY #: P - 020

- A. PURPOSE:** The purpose of this policy is to provide clarification about the process for handling requests for authorization of Medicaid HCBS waiver services in the interim between enrollment in the waiver and development of the comprehensive Individual Support Plan (ISP)
- B. APPLICABILITY:** This policy applies to regional office staff who are responsible for authorizing requests for Medicaid HCBS waiver services.
- C. DEFINITIONS**
1. **"HCBS waiver" or "waiver"** means a Home and Community Based Services waiver for persons with mental retardation that includes the following;
 - a. Home and Community Based Services Waiver for the Mentally Retarded and Developmentally Disabled (#0128.90.R2A.02) and any amendments thereto;
 - b. Home and Community Based Services Waiver for Persons with Mental Retardation (#0357.90.02) and any amendments thereto; and
 - c. Self-Determination Waiver Program (#0427.R01) and any amendments thereto.
- D. DESCRIPTION OF POLICY**
1. Prior to the development of the comprehensive Individual Support Plan (ISP), waiver services are provided in accordance with the initial plan of care submitted as part of the Pre-Admission Evaluation (PAE) approved by TennCare. The time period for development of the comprehensive Individual Support Plan (ISP) after enrollment into a Medicaid HCBS waiver is 60 calendar days. If, during the 60-day interval before the ISP is developed, the individual needs to add a waiver service that was not listed in the initial plan of care, to delete a waiver service, or to change the amount, frequency, or duration of a service listed in the initial plan of care, the change may be requested in accordance with the following:
 - a. To revise the initial plan of care to change a needed waiver service, the Independent Support Coordinator (ISC) or Case Manager, as applicable, shall complete a ***Request to Amend to the Initial Plan of Care*** form. Supporting documentation to justify the request for the service should be submitted, where applicable, as an attachment to the completed ***Request to Amend to the Initial Plan of Care***.

- b. The ISC or case manager shall submit the completed **Request to Amend to the Initial Plan of Care** form to the Regional Office for review.
- c. The Regional Office shall process the completed form in the same manner as an amendment to the Individual Support Plan and shall review it using applicable medical necessity protocols in accordance with the process described in **Review Process Using Medical Necessity Protocols**.

E. **ATTACHMENTS:**

- 1. **Request to Amend to the Initial Plan of Care**
- 2. **Review Process Using Medical Necessity Protocols**

F. **PREVIOUS POLICY:** Not applicable

G. **DATE APPROVED BY TENNCARE:** March 2, 2010

H. **POLICY APPROVAL**

Joanna Damone by W8more, MD
Signature of Assistant Commissioner
Office of Policy, Planning, and Consumer Services

3/3/2010
Date

James R. Inui
Signature of Deputy Commissioner
Division of Intellectual Disabilities Services

3-8-2010
Date

This form is intended to be used only to amend the Initial Plan of Care prior to the development of the comprehensive Individual Support Plan (ISP). If the requested waiver service requires a physician order, please attach a copy.

Upon approval, this form serves as an amendment to the Initial Plan of Care and must be included in the file with the approved Pre-Admission Evaluation (PAE).

[illegible]

Social Security Number

[illegible]

Name of ISC or Case Manager _____ Signature _____ Date _____

Name of Regional Office Reviewer _____ Signature _____ Date _____